

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO. 10/522656 FILING DATE 12405

ATTORNEY/AGENT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2							52						
3							53						
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43							93						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL CLMS.	2												
TOTAL DEP.	11	←		←		←							
TOTAL CLAIMS	13												